									Application or Docket Number				
	PATENT	APPLICATI	•										
Effective October 1, 2003									10800410				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			17			•		RATE	FEE	7	RATE	FEE	
FOR .			NUMBER FILED NUM			BER EXTRA		BASIC FE	₹ 385.00	OR	BASIC FEE		
-TOTAL CHARGEABLE CLAIMS			1 minus 20= "			8		X\$ 9=		OR		1	
INDEPENDENT CLAIMS			minus 3 =			í		X43=	 	1	You	01.0	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT						1-	OR		860	
• [[the difference	e in column 1 is	less than z	ess than zero, enter "0" in column 2				+145=	 	OR	+290=	000	
٠			TOTAL	L	OR	TOTAL	852,00						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	4/2/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PREŠENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOM	Total .	. 18,	Minus	- 2	20,			X\$ 9=		OR	X\$18=		
AME	Independent	. 4	Minus	444	4	-	-	X43=		OR	XBE=		
	PIRST PRESE	ENTATION OF MI	JUTIPLE DE	PENDENT	CLAIM	لللا	İ	+145=		OR	+290=		
		•					L	TOTAL			TOTAL	11	
		(Column 1)		_(Colum	n 2)	(Column 3)	AI 	DOM. FEE		7'	ADDIT, FEE	^	
AMENDMENT B	8/17/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	. 15	Minus	· 20	り .	• 0		X\$ 9=		OR	X\$18=/		
¥	Independent	NTATION OF MU	Minus	SENDENT	CI AD.	<i>- //</i>		X43=		OR	X86=		
	. HOT FRESE	·		- ENDERI	-C-IM		T	+145=		OR	A290=	·	
		•		•			Af	TOTAL DOIT. FEE		OF	YOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	-		/	/	•		
AMENDIMENTC	V	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ERI JSLY	PRESENT EXTRA		RATE	ADDI/ TIONAL FEE		RATE	ADDI- TIONAL FEE	
<u> </u>	Total	•	Minus .	••		= (Γ	X\$ 9=		OR	X\$1B=		
# L	Independent	•	Minus	enn ,		8	1	X43=		OR	X86=		
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT (MIAL		-			ı			
• If the entry in column 1 is less than the entry in column 2, write "o" in column 3.													
** H1	the 'Highest Nurr	nber Previously Pai nber Previously Pai	d For IN THIS	SPACE IS I	ess than	20, enter 720,7	ADI	DIT. FEE		OR A	ODIT. FEE		
		ber Previously Paid					lound	in the app	ropriate box	in colu	mn 1.	- 1	